

Case Investigation Form (CIF) — Instructions

Please complete the CIF for a suspect, probable, or confirmed case of smallpox. You may return to the record at any time to enter new or updated information. If you want to exclude a record from that which you send to your point of contact (POC), select **Delete** from the menu bar. This does not delete the record from your database but will prevent sending it to someone else. When the record is ready to include among those transmitted to your POC, select **Undelete**.

Completing the CIF: General Information

This form originated from the Smallpox Post-Event Surveillance (SPES) Form, OMB 0920-0008, Exp. Date 6/2003

- **Bolded** questions, circled on the SPES, are required fields.
- Numbered questions are original to the SPES.
- * Questions beginning with an asterisk have been added and may not have OMB clearance.
- *Italicized* questions and sections contain information entered on another, referenced, page of the form and must be changed there, if needed.
- Sections for which the title is in CAPITAL LETTERS are original to the SPES.

Coding Checks: To maximize data integrity, some fields may be unavailable because of a response(s) to another question(s). Other checks may highlight potential errors, show a pop-up message, and autofill **Invalid Fields** with the name of the field containing possibly erroneous information. Highlighted fields will be cleared when the record is closed. Highlighting and **Invalid Fields** will be cleared when fields are corrected.

The following guidance is organized by page, section and question.

Page: Case Information

Case Identification

CDC Case ID [Read-Only; for CDC use]

After selecting the **Reporting County**, this field is autofilled with the 2-letter state abbreviation, County FIPS Code, a dash, and the jurisdiction-assigned ID.

Case ID

Enter the unique identification for this case.

Date when first reported to public health

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Helpful Hint: Navigating in the Drop-Down Calendar

Select today's date at the bottom of the calendar

- If the date occurred this month, click on the day
- If the date was a month or more earlier
 - Click on the month/year in the top center of the calendar
 - Use the navigation arrows in the top corners

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This is an estimated date
Check this box if the date has been estimated.

REPORTING SOURCE: Jurisdiction

Reporting State

Select a response from the drop-down list.

Helpful Hint: Selecting a Response from a Drop-Down List

Typing the first letter or two will minimize the need for scrolling.

State FIPS Code [Read-Only]

This field is autofilled if **Reporting State** contains information; it will change if the **Reporting State** changes.

* Reporting County

Select a response from the drop-down list.

County FIPS Code [Read-Only]

This field is autofilled if **Reporting County** contains information; it will change if the **Reporting County** changes.

* If applicable, please provide the name of the Region, District, Precinct, or other jurisdiction information.

Type the name that further identifies or clarifies the reporting public health jurisdiction.

CASE INFORMATION

Data in the Case Information Section

City, State, County, and FIPS codes will not be reported to CDC if files are transmitted via the 'Transmit Data to CDC' button on the Smallpox Menu, but will be sent to the state, territory, or tribal jurisdiction. If the local jurisdiction prefers to be the sole retainer of this information, please contact CDC to request modification of the transmission scripts.

3. Case Name: Last, First, MI (Middle initial), Suffix, Nickname/alias

Enter the designated spaces provided.

4. Address: Street Address, Apartment Number; City, State; Zip Code

Enter the requested information in the spaces provided. *Please do not use a Post Office Box.*
Select **State** from the drop-down list.

* State FIPS Code (Case) [Read-Only]

This field is autofilled based on the case's state of residence; it will change if **State** changes.

County

Select **County** from the drop-down list.

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County FIPS Code (Case) [Read-Only]

This field is autofilled based on the case's county of residence; it will change if **County** changes.

5. Telephone numbers (Case): Main Phone, Work Phone, Other Phone

Enter up to three telephone numbers for the case or case's proxy in the space provided.

GET GEO-COORDINATES [Command Button]

Click on this button to autofill the latitude and longitude for the zip code of the case's address.

These data can be used to map the location of cases. This information will not be sent to CDC.

For more refined geocoding, please contact CDC for assistance.

* Latitude (zip code); Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the latitude assigned to the zip code for the case's address.

* Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the longitude assigned to the zip code for the case's address.

* Notes

Enter additional information for contacting the case or case's proxy.

Demographics

Data in the Demographics Section

Date of birth will be retained for local and state use, but will not be sent to CDC if data are transmitted via the 'Transmit Data to CDC' button on the Smallpox Menu. Nor will CDC report aggregate data for race, ethnicity, or gender if there are fewer than 25 cases within a specific classification.

6. Date of birth

If unknown, leave blank and enter age in the next field. Otherwise, enter the case's date of birth in MM/DD/YYYY format or click in the box for a drop-down calendar.

7. Age

Age is calculated from the date of birth and the date when the case was first reported to public health. If blank, enter the age of the case.

8. Age unit

Age unit is calculated when age is calculated. If blank, select age unit from the drop-down list.

9 - 12: Gender, Ethnicity, Race, Country of birth

Select a response for each of these fields from the drop-down list.

If other, please specify.

if "Other" was selected for the previous question, enter the name of the country in the space provided.

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INTERVIEW INFORMATION

16. Interviewer name (Last, First, MI)

Enter the requested names in the space provided.

17. Interview date

Enter in MM/DD/YYYY format, or click in the box to select a date from the drop-down calendar.

18. Information provided by (Check all that apply)

Check Case and/or Other.

Informant Name (Last, First, MI)

Enter the requested names in the space provided. Leave blank if the case was the informant.

19. Telephone number of informant (if different from case)

Enter the requested information in the spaces provided; leave blank if the case was the informant.

20. Primary interview language spoken (if other than English)

If not English, select a response from the drop-down list.

If other language, please specify

If Other was selected for the previous question, enter information in the space provided.

Please Validate This Information

* Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

* Code is valid.

Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

NAVIGATION BUTTONS

(bottom-right of page)

NEXT PAGE [Command Button]

Click on the button to go to the next page of the form, **Core Data for CDC Part I**.

Page: Core Data for CDC Part I

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:

CCDC Case ID; Case ID; First Name; Last Name

DEMOGRAPHICS

Return to the **Case Identification** page to change information in the following 'Read-Only' fields.

Age; Age Unit; Gender

VACCINATION HISTORY

i [Information Button]

Routine Vaccination

Routine childhood smallpox vaccinations stopped in the United States in 1972; however, not everyone born prior to 1972 would have received vaccination in U.S. Health-care workers were vaccinated until the late 1970s, and new military recruits not previously vaccinated were vaccinated until 1990.

21. Smallpox vaccination history prior to this outbreak

Select a response from the drop-down list.

If Yes, indicate number of doses

If the response to the previous question is Yes, enter information in the space provided.

CURRENT ILLNESS

31. Has patient had a fever as part of this illness in the 4 days prior to rash onset?

Select a response from the drop-down list.

If Yes, estimated date of onset of fever

If the response to the previous question is Yes, enter the date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

35. Date of rash onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar. Leave blank if the **Clinical Type of Smallpox** is Variola Sine Eruptione.

CLINICAL TYPE OF SMALLPOX

i [Information Button]

Clinical Smallpox

An illness with an acute fever of 101 degrees F or 38.3 degrees C followed by a rash characterized by firm, deep-seated vesicles or pustules in the same stage of development without other apparent cause defines a clinical case of smallpox in the absence of laboratory confirmation.

40. Clinical type of smallpox

Select a response from the drop-down list. Leave blank if the **Clinical Type of Smallpox** is Variola Sine Eruptione.

i [Information Button]

Clinical Types of Smallpox

- Ordinary/Classic: Raised, pustular lesions
- Modified: Like ordinary type but with an accelerated, less severe course
- Variola sine eruptione: fever without rash; **serological confirmation required**
- Flat: Pustules remain flat; usually confluent or semi-confluent
- Hemorrhagic: Widespread hemorrhages in skin and mucous membranes
- Early: With purpuric rash
- Late: With hemorrhage into base pustules

If Ordinary/Classic, please describe the rash

If the response to the **Clinical Type of Smallpox** is Ordinary/Classic, select a response from the drop-down list.

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i [Information Button]

Rash Types

- Discrete: Areas of normal skin between pustules, even on face
- Semi-confluent: Confluent rash on face, discrete elsewhere
- Confluent: Confluent rash on face and forearms

Current Status of Case

*What is the current case status? **Please update the record if the case status changes.**
Select a response from the drop-down list.

Please Validate This Information

- * Invalid Fields? To change, return to fields. [Read-Only]
Review information in this field; return to the designated field(s) to correct invalid data.
- * Code is valid.
Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

Coding Information

- * Coded by (initials)
Enter the initials of the person completing this page.
- * Date
This field is automatically populated with today's date. To manually over-ride, type a date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following 'Read-Only' fields.
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(near bottom of page)

FIRST PAGE [Command Button]

Click to return to **Case Identification**.

ADD IMAGES [Command Button]

Click on the button to go to the **Images** form, then enter clinical images for this case and/or environmental images that pertain to this case.

NEXT PAGE [Command Button]

Click on the button to go to **Core Data For CDC Part II**.

Page: Core Data for CDC Part II

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:
CCDC Case ID; Case ID; First Name; Last Name

CLINICAL COURSE AND OUTCOME

42. Did the patient develop any complications?

Select a response from the drop-down list.

If Yes, please check all that apply

If the response to the previous question is Yes, check all boxes that describe complications that the case developed as a result of smallpox.

Please specify

If the box for Other complications is checked, please type additional complications here, separated by a comma.

45. Was Case Admitted to Hospital?

Select a response from the drop-down list.

If, for **Current Case Status (Core Data for CDC, Part 1)**, the response is Hospitalized, this field is autofilled with Yes. Additional hospitalization information can be entered on the **Clinical Outcome** page.

47. Did the patient die from smallpox illness or any smallpox complications?

Select a response from the drop-down list. If, for **Current Case Status (Core Data for CDC, Part 1)**, the response is Deceased, this field is autofilled with Yes. Additional information regarding the death can be entered on the **Clinical Outcome** page.

If Yes, Date of Death

If the response to the previous question is Yes, enter a date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

EPIDEMIOLOGIC AND CASE CLASSIFICATION

58. Is this case epidemiologically-linked to a confirmed case?

Select a response from the drop-down list.

If Yes, Case ID (if known)

If the response to the previous question is Yes, enter information in the space provided.

LABORATORY DIAGNOSTIC TESTING

59. Is this case laboratory-confirmed?

Select a response from the drop-down list. Refer to **Criteria** (in the text box below the question) for additional information.

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If Yes, by what method

Select a response from the drop-down list. This field will be available only if the response to the previous question is Yes.

SMALLPOX CASE CLASSIFICATION

60. What is the case classification?

Select a response from the drop-down list. Refer to **Case Classification** (in the text box below the question) for additional information.

Current Status of Case

**What is the current case status?* [Read-Only]

Return to the previous page to change information in this field.

Please Validate This Information

* Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

* Code on this page has been validated.

Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

Coding Information

* Coded by (initials)

Enter the initials of the person completing this page.

* Date

This field is automatically populated with today's date. To manually over-ride, enter a date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following 'Read-Only' fields:
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(bottom of page)

ENTER LAB DATA [Command Button]

If the **Case Classification** is Confirmed or the response to both **LABORATORY** section questions is Yes, click on this button to complete the **Lab Results** form.

PREVIOUS PAGE [Command Button]

Click on the button to go to **Core Data for CDC Part I**.

NEXT PAGE [Command Button]

Click on the button to go to **Vaccination and Medical History**.

Page: Vaccination and Medical History

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:
CCDC Case ID; Case ID; First Name; Last Name

VACCINATION, before this outbreak

21. *Smallpox vaccination prior to this outbreak; if yes, number of doses* [Read-Only]

Return to the **Case Identification** page to change information in these fields.

i [Information button]

Routine Vaccination

Routine childhood smallpox vaccinations stopped in the United States in 1972; however, not everyone born prior to 1972 would have received vaccination in U.S. Health-care workers were vaccinated until the late 1970s, and new military recruits not previously vaccinated were vaccinated until 1990.

If the response to **21. Smallpox vaccination history prior to this outbreak** on **Core Data for CDC, Part 1** is Yes, please complete questions 22 and 23, if known.

22. If known: Age

Enter information in the space provided.

OR, year of last dose

Enter the year in YYYY format.

23. Smallpox vaccination scar present

If the response to **21. Smallpox vaccination history prior to this outbreak** on **Core Data for CDC, Part 1** is Yes, select a response from the drop-down list.

i [Information Button]

Location of Scar

Generally, smallpox vaccination was given in the deltoid region of the upper left arm. The scar may be confused with a BCG scar given to persons born in some countries where TB rates are high. BCG vaccination is generally given in the deltoid region of the upper right arm.

VACCINATION, during this outbreak

Vaccine Guidelines [Command Button]

Clicking on this button will take the user to Vaccine Guidelines at
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6402a1.htm?s_cid=rr6402a1_e

24. Smallpox vaccination during this outbreak

Select a response from the drop-down list.

If Yes, date of vaccination

If the response to the previous question is Yes, enter the date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

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* Vaccine Used

If the response to **24. Smallpox vaccination during this outbreak** is Yes, select a response from the drop-down list.

25. Vaccine “Take” recorded at 7 days (6-8 days)

If the response to **24. Smallpox vaccination during this outbreak** is Yes, select a response from the drop-down list.

i [Information Button]

Vaccine Take

A major vaccine “take” is an area of definite induration or congestion surrounding a central lesion that may be a scab or ulcer 6-8 days after vaccination. The evolution of the lesion is more rapid after revaccination. An “equivocal take” is described as any other reaction or response; e.g., an “allergic” reaction or no reaction (revaccination is indicated).

If Yes, result

If the response to the previous question is Yes, select a response from the drop-down list.

Reason(s) Not Vaccinated

26. If not vaccinated during this outbreak, give reason(s)

If the response to **24. Smallpox vaccination during this outbreak** is No, check boxes that apply.

Other; Please specify reason

If not listed in **26. If not vaccinated during this outbreak**, enter information in the space provided. Separate unique information with a comma.

MEDICAL HISTORY

27. If female, pregnant?

If the selection for **Gender** on the **Case Information** page is Female, select a response from the drop-down list.

28. Pre-existing immunocompromising medical conditions (i.e., leukemia, other cancers, HIV/AIDS)

Select a response from drop-down list.

If Yes, please specify

If the response to the previous question is Yes, enter other condition(s) in the space provided.

29. During past month, any prescribed immunocompromising OR immunomodulating medications, including steroids

Select a response from the drop-down list.

If Yes, please specify.

If the response to the previous question is Yes, enter information in the space provided. Separate unique information with a comma.

30. For what medical condition

If the response to the previous question is Yes, enter information in the space provided. Separate unique information with a comma.

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Please Validate This Information

- * Invalid Fields? To change, return to fields. [Read-Only]
Review information in this field; return to the designated field(s) to correct invalid data.
- * Code is valid.
Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in these 'Read-Only' fields:
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS (bottom of page)

PREVIOUS PAGE [Command Button]
Click on the button to go to **Core Data for CDC Part II**.

NEXT PAGE [Command Button]
Click on the button to go to **Current Illness**.

Page: Current Illness

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:
CCDC Case ID; Case ID; First Name; Last Name

Symptoms: Fever, Cough, Rash and Dates

31. *Has patient had a fever as part of this illness in the 4 days prior to rash onset? If Yes, estimated date of onset of fever* [Read-Only]

Return to **Core Data for CDC, Part I** to change information in these fields.

32. Was temperature measured with a thermometer?
If the response to the previous question is Yes, select from the drop-down list.

33. Maximum temperature
If the response to the previous question is Yes, enter information in the space provided; then select the scale used.

34. Date of maximum temperature
If **Maximum temperature** contains a value, enter the date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

35. *Date of rash onset* [Read-Only]
Return to the **Core Data for CDC Part I** page to change information in this field.

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36. Cough with rash/illness?

Select a response from the drop-down list.

37. Date of cough onset

If the response to the previous question is Yes, enter the date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Other Symptoms

38. Symptoms during the 4 days preceding rash onset (Select all that apply)

Check the box to the left if the case experienced the symptom.

Specify all other symptoms; separate with comma(s)

If Other is checked, enter information in the space provided.

CHARACTERISTICS OF LESIONS

39 a. Distribution of lesions at height of illness

Select a response from the drop-down list if **Clinical Type of Smallpox (Core Data for CDC Part I)** is not Variola Sine Eruptione.

If other, please specify

If Other is checked, enter information in the space provided. Separate unique information with a comma.

39 b. Characterize the stage of lesion development.

Select a response from the drop-down list if **Clinical Type of Smallpox (Core Data for CDC Part I)** is not Variola Sine Eruptione.

40. *Clinical type of smallpox; If Ordinary/Classic, please describe the rash* [Read-Only]

Return to the **Core Data for CDC Part I** page to change this information.

LABORATORY

48. Was specimen collected for testing?

Select a response from the drop-down list.

49. Was lab testing performed for smallpox?

If the response to the previous question is Yes, please select a response from the drop-down list.

If the response is Yes for both of the previous questions, enter laboratory testing and results on the **Lab Results** form. You can access this form by clicking on the **REVIEW OR ENTER LAB DATA** button located below this section. Complete all fields before leaving this page.

Please Validate This Information

* Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

* Code on this page has been validated.

Check the box to the left if information in **Invalid Fields** is correct.

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REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following ‘Read-Only’ fields:
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(bottom of page)

ENTER LAB DATA [Command Button]

If the **Case Classification** is Confirmed or the response to both **LABORATORY** section questions is Yes, click on this button to complete the **Lab Results** form.

PREVIOUS PAGE [Command Button]

Click on the button to go to **Vaccination and Medical History**.

NEXT PAGE [Command Button]

Click on the button to go to **Epidemiologic and Case Classification**.

Page: Epidemiologic and Case Classification

Case Identification

Return to the **Case Identification** page to change information in these ‘Read-Only’ fields:
CCDC Case ID; Case ID; First Name; Last Name

Transmission Setting

56. Primary Transmission Setting

Select a response from the drop-down list.

If Other, specify

Enter additional information if Other is selected in the previous question.

* General Location

Select a response from the drop-down list.

* If Other, specify

Enter additional information if Other is selected in the previous question.

Response Activities

* Did the case actively participate in response efforts for this outbreak?

Select a response from the drop-down list.

* If yes, please select all response roles performed by case during this outbreak.

Check all boxes that apply. To unselect, click again.

Other Response Role

If Other is checked, enter additional information in the space provided.

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- * Were the response activities performed as a part of the case's usual occupation?

Select a response from the drop-down list.

i [Information Button]

Check with your Team Lead about additional data collection tasks required for occupationally attributed cases.

CASE CLASSIFICATION

57. Does this case meet the clinical case definition?

Select a response from the drop-down list.

i [Information Button]

Smallpox Clinical Case Definition

An illness with acute onset of fever $\geq 101^{\circ}\text{F}$ followed by a rash characterized by firm, deep seated vesicles or pustules in the same stage of development without other apparent cause.

58. *Is this case epidemiologically-linked to a confirmed case? If Yes, Case ID (if known)* [Read-Only]

Return to the **Core Data for CDC, Part II** page to change information in this field.

59. *Is this case laboratory-confirmed? If Yes, by what method?* [Read-Only]

Return to the **Core Data for CDC, Part II** page to change information in this field.

i [Information Button]

Laboratory Criteria for Confirmation

Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen; OR Isolation of smallpox (variola) virus from a clinical specimen (Level D laboratory only). Note: Orthopox PCR and negative stain electron microscopy (EM) identification of a pox virus in a clinical specimen suggest orthopox virus infection but are not diagnostic of variola and/or vaccinia. (Level D laboratory or approved Level C laboratory) Level D laboratories include the CDC and USAMRIID. Initial confirmation of a smallpox outbreak requires testing in a Level D laboratory. Level C laboratories will assist with testing of clinical specimens following initial confirmation of an outbreak by CDC.

60. *What is the case classification?* [Read-Only]

Return to the **Core Data for CDC, Part II** page to change information in this field.

i [Information Button]

Smallpox Case Classification

Confirmed case = A case of smallpox that is laboratory confirmed, OR a case that meets the clinical case definition that is epidemiologically linked to a laboratory confirmed case.

Probable case = A case that meets the clinical case definition, OR a case that has an atypical presentation that has an epidemiological link to a confirmed case of smallpox. Atypical presentations of smallpox are: a) hemorrhagic type, b) flat, type not appearing as typical vesicles nor progressing to pustules and variola sine eruptione.

Suspect case = A case with a febrile rash illness with fever preceding development of rash by 1-4 days.

61. If not smallpox, specify final diagnosis

Enter the final diagnosis of the case; use the hospital discharge record or autopsy report.

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- * Check if the diagnosis is chickenpox

Click on the box to designate that this is a case of chickenpox. Contact your state, territory, or tribal public health authority for additional information regarding case reporting for chickenpox.

Please Validate This Information

- * Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

- * Code on this page has been validated.

Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following 'Read-Only' fields:
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(bottom of page)

PREVIOUS PAGE [Command Button]

Click on the button to go to **Current Illness**.

ENTER OCCUPATIONAL DATA [Command Button]

Click on the button to go to the NIOSH website for additional information about reporting occupational cases. List website

ENTER IMAGES [Command Button]

Click on the button to go to the **Images** form, then enter clinical images for this case and/or environmental images that pertain to this case.

ENTER VARICELLA DATA

Click on the button to go to the Varicella Surveillance website. List website

NEXT PAGE [Command Button]

Click on the button to go to **Clinical Course**.

Page: Clinical Course

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:
CCDC Case ID; Case ID; First Name; Last Name

CLINICAL COURSE

41. Date last scab fell off

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

*

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* Check if date is unknown

Click on the checkbox. If information becomes known later, click again to clear the checkbox.

* Check if not applicable

Click on the checkbox if the case has not recovered, has/had Variola Sine Eruption, or is deceased. If the patient has recovered, click again to clear the checkbox.

COMPLICATIONS

42. *Did the patient develop any complications? If yes, please check (below) all that apply.* [Read-Only]
All fields in this section contain data entered on **Core Data for CDC, Part II**; return to that page to modify this information.

ANTIVIRAL MEDICATION

43. Antiviral Medication (Check all that apply)

Medications: Click on the box if a listed medication was prescribed.

Date Started: Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Duration (days): Enter the number of days that the case has been on the specified medication.

44. Other antiviral medication

Click on the box if other antiviral medications were prescribed.

Please specify

If Other was checked for the previous question, enter medications, separating each with a comma.

*Date Started Other

If Other was checked for the previous question, enter the date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

*Duration (days) of Other

If Other was checked for the previous question, enter the number of days that the case has been on this medication(s).

Please Validate This Information

* Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

* Code is valid.

Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following 'Read-Only' fields.
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(bottom of page)

Case Investigation Form (CIF) — Instructions

PREVIOUS PAGE [Command Button]

Click on the button to go to **Epidemiologic and Case Classification**.

NEXT PAGE [Command Button]

Click on the button to go to **Clinical Outcome**.

Page: Clinical Outcome

Case Identification

Return to the **Case Identification** page to change information in these 'Read-Only' fields:

CCDC Case ID; Case ID; First Name; Last Name

Hospitalization

45. *Was Case Admitted to Hospital?* [Read-only]

Return to the **Core Data for CDC Part II** page to change information in this fields.

Medical Record Number

Enter in the space provided. Use the 'Transmit Data to CDC' button on the Smallpox Menu to ensure that protected health information is excluded from the database.

Hospital Name

Enter the name of the hospital and location (city and state) in the indicated spaces. For **State**, select from the drop-down list.

Date Admitted; Date Discharged

If the response to **Hospitalized on Core Data for CDC Part I** is Yes, enter a date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Zip

Enter the requested information in the space provided.

* State FIPS Code (Case) [Read-Only]

This field is autofilled and will change if **State** changes.

County

Select **County** from the drop-down list.

County FIPS Code (Case) [Read-Only]

This field is autofilled and will change if **County** changes.

GET GEO-COORDINATES [Command Button]

Click on this button to autofill the latitude and longitude for the hospital zip code.

* Latitude (zip code); Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the latitude assigned to the hospital name.

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* Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the longitude assigned to the hospital name.

Transferred or Admitted to Another Hospital

46. Was case admitted/transferred to 2nd hospital?

Select a response from the drop-down list. If the response to this question is Yes, enter the requested information in this section in the spaces provided.

Case Outcome

47. *Did the patient die from smallpox illness or any smallpox complications? If Yes, specify date*

Return to the **Core Data for CDC Part II** page to change information in these fields.

* Was decedent released to a medical examiner or coroner?

Select a response from the drop-down list.

* ME Record ID

If the response to the previous question is Yes, enter information in the space provided, if known. Use the 'Transmit Data to CDC' button on the Smallpox Menu to ensure that protected health information is excluded from the database.

Please Validate This Information

* Invalid Fields? To change, return to fields. [Read-Only]

Review information in this field; return to the designated field(s) to correct invalid data.

* Code on this page has been validated.

Check the box to the left if information in the fields listed in **Invalid Fields** is correct.

REPORTING SOURCE: Jurisdiction

Return to the **Case Identification** page to change information in the following 'Read-Only' fields:
Reporting State; Reporting County; Date first reported to public health

NAVIGATION BUTTONS

(bottom of page)

PREVIOUS PAGE [Command Button]

Click on the button to go to **Clinical Course**.

ENTER ANOTHER CASE [Command Button]

Click to enter another record; otherwise, select **Save** from the task bar to save the record. Select **File - > Open Form** to select another data entry form within the Project or close the form by selecting the **X** in the red box in the upper right corner or select **File - > Close Form**.